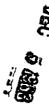
MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

Carl J. Glenn West 10th. st., Rolla.

Primary Registration District No. 3053 Registrar's No. Registration District No. DO NOT WRITE AMENDED ON THIS STUB 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before 1. PLACE OF DEATH a. STATE Lio. a. COUNTY Pholps b. COUNTY VS 300 Pholps admission) AMENDED Rev. 4/59 b. CITY (If outside corporate limits, give TOWNSHIP only) Length of stay in 1b c. CITY Inside Limits OR TOWN Rolls OR Rolla life Yes 🖹 No 🗋 c. FULL NAME OF (If NOT in hospital, give location) d. STREET Inside Limits (If cutside, give location) Reside on Farm **ADDRESS** INSTITUTION Phelps County Memorial Yes 🔂 No 🗌 Yes 🗀 No 🖳 1710 North Pine NAME OF DECEASED Middle Last 4. DATE Dav Year (Type or print) E_ HERMAN CASTLEMAN DEATH November 29. . 1963 Ö 9. AGE (last birthday) IF UNDER 1 YEAR IF UNDER 24 HR 5. SEX 6. COLOR OR RACE 7. Married 妃 Never Married | 8. DATE OF BIRTH Widowed 1 Divorced [Male White 66 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) 12. CITIZEN OF WHAT COUNTRY Vice Prssident Ist. State Phelps County, Mo. USA Banking 14. NAME OF HUSBAND OR WIFE 13a, FATHER'S NAME 13b. MOTHER'S MAIDEN NAME 0 Georgia Registar James D. Castleman Jewel Castleman 16. SOCIAL SECURITY NO. 15. WAS DECEASED EVER IN U.S. ARMED FORCES2 17. INFORMANT (Yes, no, or unknown) (If yes, give war or dates $V\Theta S$ Jewel Castleman 1710 N. Fine. Rolla. ARE 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART 1. DEATH WAS CAUSED BY: INTERVAL BETWEEN DOCUMENT ONSET AND DEATH 10 CORD IMMEDIATE CAUSE (a) 능 11 NSTEAD RE Conditions, if any, 12 / which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEAT deceased disease condition given in PART I (a) Mere a pregnancy in last 90 days. AMENDMENTS - □ No SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART 1 or PART II of item 18.) 19. WAS AUTOPSY 20a. ACCIDENT - PERFORMED? YES NO Month, Day, Year 20c. TIME OF RIBBON INJURY USE BLACK INK STATE 20f. CITY, TOWN, OR LOCATION 20e, PLACE OF INJURY (e.g., in or about home, 20d, INJURY OCCURRED WHILE AT WORK farm, factory, street, office bldg., etc.) NOT WHILE AT WORK READ **TYPEWRITER** 21. I attended the deceased from best of my knowledge, from the SHOULD Death occurred at 22c. DATE SIGNED (Degrees or title) 22a. SIGNATURE ᆼ 23a. BURIAL, CREM (10) AFFIDA Š Rolla, Mo. Rolla Cemetery 26. REGISTRAR'S SIGNATURE 25. DATE RECD. BY LOCAL REG.

(Licensed Embalmer's Statement on Reverse Side)

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is	recorded on the reverse side of this certificate was embalmed by me,
or by	, Student Embalmer No
working under my personal supervision.	
Student	Signed Carl Slenn
Signature of Student Embalmer	Licensed Embalmer No. 4207
•	P. O. Address Ralla, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.